Supplementary Table 1
Clinical characteristics of the subjects divided in three genotype groups according to the number of pro-atherothrombotic alleles

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Body mass index (kg/m^2)
HbA_{1C} (%) 7.1 ± 1.2 7.0 ± 1.3 7.1 ± 1.2 7.0 ± 1.1 NS NS NS
Presence of hypertension (%) 2352 (76.0) 1607 (74.9) 678 (78.2) 67 (81.7) NS NS NS
Presence of dyslipidemia (%) 2356 (76.1) 1638 (76.3) 656 (75.7) 62 (75.6) NS NS NS
Treatment approach for diabetes
Diet alone 541 (17.5) 363 (16.9) 165 (19.0) 15 (18.3) NS NS NS
Using OHA 1793 (58.0) 1243 (57.9) 507 (58.5) 43 (52.4) NS NS NS
Sulfonylureas 1097 (35.5) 757 (35.3) 311 (35.9) 29 (35.4) NS NS NS
Thiazolidinediones 368 (11.9) 260 (12.1) 101 (11.6) 7 (8.5) NS NS NS
Biguanides 1069 (34.6) 757 (35.3) 290 (33.4) 22 (26.8) NS NS NS
Using insulin 760 (24.6) 539 (25.1) 196 (22.6) 25 (30.5) NS NS NS
Treatment approach for
dyslipidemia
Using statins 848 (28.9) 619 (28.9) 247 (28.5) 28 (34.1) NS NS NS
Using other drugs 162 (5.2) 110 (5.1) 48 (5.5) 4 (4.9) NS NS NS
Presence of cerebral infarction (%) 322 (10.4) 211 (9.8) 100 (11.5) 11 (13.4) NS NS NS

Data are shown as numbers (%) or means \pm SD. In the dominant and the recessive genetic models, quantitative data between 2 groups were compared by the 2-tailed unpaired t test and categorical data were analyzed with the χ^2 test. In the additive genetic model, the associations between the polymorphism and variables were evaluated with one-way ANOVA or the Mantel extension test. Bonferroni's multiple comparison procedure was utilized for the correction and gave the corrected level of significance, 0.0042.

Supplementary Table 2

Clinical characteristics of the subjects divided in three genotype groups according to the number of pro-atherothrombotic alleles

C46T polymorphism of the F12 gene	Total	T/T	C/T	C/C	Associations with the polymorphism		
	(n = 3094)	(n = 1296)	(n = 1412)	(n = 386)	Dominant model	Recessive model	Additive model
Gender (female / male)	1154 / 1940	488 / 808	533 / 879	133 / 253	NS	NS	NS
Age (years)	61.5 ± 8.4	61.4 ± 8.2	61.7 ± 8.4	61.2 ± 8.8	NS	NS	NS
Duration (years)	8.0 ± 7.5	7.9 ± 7.6	8.1 ± 7.5	7.8 ± 7.6	NS	NS	NS
Smoking (B.I. ≥200)	1522 (49.2)	645 (49.8)	691 (48.9)	186 (48.2)	NS	NS	NS
Body mass index (kg/m²)	24.1 ± 3.5	24.2 ± 3.5	24.1 ± 3.5	24.3 ± 3.4	NS	NS	NS
HbA _{1C} (%)	7.1 ± 1.2	7.1 ± 1.3	7.0 ± 1.2	7.2 ± 1.4	NS	NS	NS
Presence of hypertension (%)	2352 (76.0)	985 (76.0)	1066 (75.5)	301 (78.0)	NS	NS	NS
Presence of dyslipidemia (%)	2356 (76.1)	993 (76.6)	1066 (75.5)	297 (76.9)	NS	NS	NS
Treatment approach for diabetes							
Diet alone	541 (17.5)	244 (18.8)	231 (16.4)	66 (17.1)	NS	NS	NS
Using OHA	1793 (58.0)	731 (56.4)	839 (59.4)	223 (57.8)	NS	NS	NS
Sulfonylureas	1097 (35.5)	450 (34.7)	516 (36.5)	131 (33.9)	NS	NS	NS
Thiazolidinediones	368 (11.9)	158 (12.2)	165 (11.7)	45 (11.7)	NS	NS	NS
Biguanides	1069 (34.6)	466 (36.0)	481 (34.1)	122 (31.6)	NS	NS	NS
Using insulin	760 (24.6)	321 (24.8)	342 (24.2)	97 (25.1)	NS	NS	NS
Treatment approach for							
dyslipidemia							
Using statins	894 (28.9)	378 (29.2)	389(27.5)	127 (32.9)	NS	NS	NS
Using other drugs	162(5.2)	64 (4.9)	82 (5.8)	16 (4.1)	NS	NS	NS
Presence of cerebral infarction (%)	322 (10.4)	133 (10.3)	142 (10.1)	47 (12.2)	NS	NS	NS

Data are shown as numbers (%) or means \pm SD. In the dominant and the recessive genetic models, quantitative data between 2 groups were compared by the 2-tailed unpaired t test and categorical data were analyzed with the χ^2 test. In the additive genetic model, the associations between the polymorphism and variables were evaluated with one-way ANOVA or the Mantel extension test. Bonferroni's multiple comparison procedure was utilized for the correction and gave the corrected level of significance, 0.0042.

Supplementary Table 3

Clinical characteristics of the subjects divided in three genotype groups according to the number of pro-atherothrombotic alleles G1051A polymorphism of the Total A/A A/G G/GAssociations with the polymorphism *vWF* gene (n = 3094)(n = 575)(n = 1534)(n = 985)Additive Dominant Recessive model model model Gender (female / male) 213 / 362 NS NS NS 1154 / 1940 595 / 939 346 / 639 Age (years) 61.5 ± 8.4 61.6 ± 8.4 61.4 ± 8.3 61.7 ± 8.5 NS NS NS Duration (years) 8.0 ± 7.5 7.6 ± 7.2 NS 8.0 ± 7.5 8.5 ± 8.0 NS NS 1522 (49.2) NS NS NS Smoking (B.I. ≥ 200) 284 (49.4) 748 (48.8) 490 (49.7) NS NS Body mass index (kg/m²) 24.1 ± 3.5 24.3 ± 3.6 24.2 ± 3.5 24.1 ± 3.3 NS NS NS NS HbA_{1C} (%) 7.1 ± 1.2 7.0 ± 1.2 7.1 ± 1.2 7.1 ± 1.2 NS NS Presence of hypertension (%) 2352 (76.0) 440 (76.5) 1166 (76.0) 746 (75.7) NS Presence of dyslipidemia (%) 2356 (76.1) 436 (75.8) 1175 (76.6) 745 (75.6) NSNS NS Treatment approach for diabetes Diet alone 541 (17.5) 94 (16.3) 271 (17.7) 176 (17.9) NS NS NS Using OHA 1793 (58.0) 338 (58.8) 878 (57.2) 577 (58.6) NS NS NS Sulfonvlureas 1097 (35.5) 205 (35.7) 522 (34.0) 370 (37.6) NS NS NS Thiazolidinediones 368 (11.9) 55 (9.6) 190 (12.4) 123 (12.5) NS NS NS Biguanides 1069 (34.6) 208 (36.2) 536 (34.9) 325 (33.0) NS NS NS NS Using insulin 760 (24.6) 143 (24.9) 385 (25.1) 232 (23.6) NS NS Treatment approach for dyslipidemia Using statins 894 (28.9) 160 (27.8) 440 (28.7) 294 (29.8) NS NS NS Using other drugs 162(5.2)28 (4.9) 85 (5.5) 49 (5.0) NS NS NS Presence of cerebral infarction (%) 322 (10.4) 55 (9.5) 154 (10.0) 113 (11.5) NS NS NS

Data are shown as numbers (%) or means \pm SD. In the dominant and the recessive genetic models, quantitative data between 2 groups were compared by the 2-tailed unpaired t test and categorical data were analyzed with the χ^2 test. In the additive genetic model, the associations between the polymorphism and variables were evaluated with one-way ANOVA or the Mantel extension test. Bonferroni's multiple comparison procedure was utilized for the correction and gave the corrected level of significance, 0.0042.

Supplementary Table 4

Clinical characteristics of the subjects divided in three genotype groups according to the number of pro-atherothrombotic alleles 4G/5G polymorphism of the PAI-1 Total 5G/5G 5G/4G 4G/4GAssociations with the polymorphism gene (n = 3094)(n = 426)(n = 1423)(n = 1245)Additive Dominant Recessive model model model Gender (female / male) NS NS NS 1154 / 1940 159 / 267 535 / 888 460 / 785 Age (years) 61.5 ± 8.4 61.2 ± 8.0 61.7 ± 8.4 61.4 ± 8.5 NS NS NS Duration (years) 8.0 ± 7.5 NS NS 8.4 ± 8.0 8.1 ± 7.5 7.7 ± 7.5 NS 1522 (49.2) NS NS NS Smoking (B.I. ≥ 200) 200 (46.9) 699 (49.1) 623 (50.0) NS NS Body mass index (kg/m²) 24.1 ± 3.5 24.1 ± 3.3 24.0 ± 3.5 24.3 ± 3.5 NS NS NS NS HbA_{1C} (%) 7.1 ± 1.2 7.1 ± 1.3 7.1 ± 1.2 7.0 ± 1.2 NS NS Presence of hypertension (%) 2352 (76.0) 324 (76.1) 1074 (75.5) 954 (76.6) NS Presence of dyslipidemia (%) 2356 (76.1) 320 (75.1) 1083 (76.1) 953 (76.5) NS NS NS Treatment approach for diabetes Diet alone 541 (17.5) 75 (17.6) 241 (16.9) 225 (18.1) NS NS NS Using OHA 1793 (58.0) 245 (57.5) 834 (58.6) 714 (57.3) NS NS NS Sulfonvlureas 1097 (35.5) 153 (35.9) 529 (37.2) 415 (33.3) NS NS NS Thiazolidinediones 368 (11.9) 51 (11.9) 163 (11.5) 154 (12.4) NS NS NS Biguanides 1069 (34.6) 156 (36.6) 435 (33.4) 438 (35.2) NS NS NS NS NS Using insulin 760 (24.6) 106 (24.9) 348 (24.5) 306 (24.6) NS Treatment approach for dyslipidemia Using statins 894 (28.9) 114 (26.8) 421 (29.6) 359 (28.8) NS NS NS Using other drugs 162(5.2)20(4.7)69 (4.8) 71(5.7)NS NS NS Presence of cerebral infarction (%) 322 (10.4) 38 (8.9) 135(9.5)149 (11.5) NS NS NS

Data are shown as numbers (%) or means \pm SD. In the dominant and the recessive genetic models, quantitative data between 2 groups were compared by the 2-tailed unpaired t test and categorical data were analyzed with the χ^2 test. In the additive genetic model, the associations between the polymorphism and variables were evaluated with one-way ANOVA or the Mantel extension test. Bonferroni's multiple comparison procedure was utilized for the correction and gave the corrected level of significance, 0.0042.